1. CIR./DIST./DIV. CODE TXW	2. PERSON REPRESENTED (1) Jesus CHAVEZ		VOUCHER NUMBER 2011003476

3. MAG. DKT/DEF. NUMBER EP:11-M -03330(1)	4. DIST.DKT./DEF.NUMBER	5. APPEALS DKT./DEF.NUMBER	6. OTHER DKT. NUMBER

7. IN CASE/MATTER OF (Case Name) U.S. vs. (1) Jesus CHAVEZ	8. PAYMENT CATEGORY Felony Offense	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more thatn one offense, list (up to five) major offenses chargd, according to severity of offense.
21:841 & 21:846 - 100 KG OR MORE21:841 & 21:846

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), **AND MAILING ADDRESS**

Nunez, Ruben
300 E. Main StreetSuite 711
El Paso, TX 79901

Telephone Number: (915) 577-0808

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

13. COURT ORDER

- [X] O Appointing Counsel
- [ ] C Co-Counsel
- [ ] F Subs for Federal Defender
- [ ] R Subs for Retained Attorney
- [ ] P Subs for Panel Attorney
- [ ] Y Standby Counsel

Prior Attorney's Name: _____
Appointment Date: _____

- [ ] Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR
- [ ] Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court
07/01/2011
Date of Order   Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at
time of appointment [ ] YES [ ] NO

CLAIM FOR SERVICES AND EXPENSES	FOR COURT USE ONLY			
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(RATE PER HOUR = $) TOTALS:					
16. a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = $) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE

FROM: _____   TO: _____

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS [ ] Final Payment [ ] Interim Payment Number _____ [ ] Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this case? [ ] YES [ ] NO If yes, were you paid? [ ] YES [ ] NO

Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? [ ] YES [ ] NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney _____   Date _____

APPROVED FOR PAYMENT -- COURT USE ONLY				
23. IN COURT COMP.	24. OUT OF COURT COMP	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDGE		DATE		28a. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPR./CERT.
34. SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		DATE		34a. JUDGE CODE